

APPLICATION TO  
**EXTEND A TEACHING INTERN CERTIFICATE**  
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

**Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490** Telephone: (602) 542-4367  
Alternative Pathways to Teacher Certification **Telephone: (602) 542-5344**

*THE TEACHING INTERN CERTIFICATE IS VALID FOR ONE YEAR AND MAY BE EXTENDED YEARLY FOR NO MORE THAN TWO CONSECUTIVE YEARS. THE TEACHING INTERN CERTIFICATE ENTITLES THE HOLDER TO ENTER INTO A TEACHING CONTRACT WHILE COMPLETING THE REQUIREMENTS FOR AN ARIZONA PROVISIONAL TEACHING CERTIFICATE. DURING THE VALID PERIOD OF THE TEACHING INTERN CERTIFICATE THE HOLDER MAY TEACH IN A STRUCTURED ENGLISH IMMERSION (SEI) CLASSROOM OR IN ANY SUBJECT AREA IN WHICH THE HOLDER HAS PASSED THE APPROPRIATE ARIZONA EDUCATOR EXAM (NES OR AEPa). THE CANDIDATE SHALL BE ENROLLED IN AN ARIZONA STATE BOARD AUTHORIZED ALTERNATIVE PATH TO CERTIFICATION PROGRAM, OR AN ARIZONA STATE BOARD APPROVED TEACHER PREPARATION PROGRAM. AN INDIVIDUAL IS NOT ELIGIBLE TO HOLD THE CERTIFICATE MORE THAN ONCE IN A FIVE-YEAR PERIOD.*

**GENERAL INSTRUCTIONS AND INFORMATION:**

*Please submit the following:*

- A. A completed *Application to Extend a Teaching Intern Certificate*. There is NO FEE to extend the Teaching Intern certificate.
- B. One of the following:
  - 1. A photocopy of your valid Arizona **IVP** fingerprint card (plastic) issued on or after January 1, 2008; **or**
  - 2. A photocopy of your valid Arizona fingerprint clearance card (plastic) **issued prior to January 1, 2008.**
- C. A letter from the Board approved alternative path to certification program or an Arizona State Board authorized teacher preparation program verifying the completion of required coursework. (Must be signed by an approved designee. See list of approved institutions for contact information. <http://www.azed.gov/highly-qualified-professionals/files/2013/04/ihealtpathcontacts.pdf> **Official transcripts documenting the required coursework must accompany the letter.**

**SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)**

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F  
(For identification purposes only)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ **Email Address:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_American Indian or Alaskan Native \_\_\_\_Black or African-American (Not-Hispanic) \_\_\_\_White (Not-Hispanic)  
\_\_\_\_Asian or Pacific Islander \_\_\_\_Hispanic or Latino \_\_\_\_Other  
(Gender and Ethnicity are requested for federal reporting purposes only)

**SECTION 2: CERTIFICATION TYPE**

**TEACHING CERTIFICATES:**

- \_\_\_\_ **Elementary Education, 1-8**  
Additional Approved Area(s): ☐ \_\_\_\_\_
- \_\_\_\_ **Secondary Education, 7-12**  
Select Primary Approved Area: ☐ \_\_\_\_\_  
Additional Approved Area(s): ☐ \_\_\_\_\_
- \_\_\_\_ **Arts Education, PreK-12** .....  
Select One: ☐ Art ☐ Dance ☐ Dramatic Arts ☐ Music
- \_\_\_\_ **Early Childhood Education, Birth to Age 8 or Grade 3**.....

**SPECIAL EDUCATION CERTIFICATES:**

- \_\_\_\_ **Cross-Categorical, K-12** (ED, LD, MR, O/OHI)
- \_\_\_\_ **Early Childhood, Birth to Age 5**
- \_\_\_\_ **Emotional Disability, K-12**
- \_\_\_\_ **Hearing Impaired, K-12**
- \_\_\_\_ **Learning Disability, K-12**
- \_\_\_\_ **Mental Retardation, K-12**
- \_\_\_\_ **Orthopedic/Other Health Impairments, K-12**
- \_\_\_\_ **Severely and Profoundly Disabled, K-12**
- \_\_\_\_ **Visually Impaired, K-12**

APPLICATION TO  
**EXTEND A TEACHING INTERN CERTIFICATE**  
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

**SECTION 3: CRIMINAL HISTORY - Answer EVERY question, sign and date. Attach Explanation of Incident, if required.**

**ATTENTION:**



If “YES” is indicated for any of the following questions, you must attach an *Explanation of Incident* form to your application before it can be processed. You may download the form at:  
<http://www.azed.gov/educator-certification/downloadable-certification-forms/>

**ATTENTION:**



- |  |  |
|--|--|
| <p>1. ➤ YES__ NO__ Have you ever had any professional certificate or license, revoked or suspended?</p> <p>3. ➤ YES__ NO__ Have you ever been convicted of any felony offense?</p> <p>5. ➤ (Answer every question.) Have you ever been arrested for any of the <u>following</u> offenses in this state or similar offenses in another jurisdiction?</p> <p>➤ YES__ NO__ Second-degree murder</p> <p>➤ YES__ NO__ Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>➤ YES__ NO__ Sexual assault</p> <p>➤ YES__ NO__ Molestation of a child</p> <p>➤ YES__ NO__ Sexual conduct with a minor</p> <p>➤ YES__ NO__ Commercial sexual exploitation of a minor</p> <p>➤ YES__ NO__ Sexual exploitation of a minor</p> <p>➤ YES__ NO__ Child abuse</p> <p>➤ YES__ NO__ Kidnapping</p> <p>➤ YES__ NO__ Sexual abuse of a minor</p> <p>➤ YES__ NO__ Taking a child for the purpose of prostitution as prescribed in section A.R.S. § 13-3206</p> <p>➤ YES__ NO__ Child prostitution as prescribed in section ARS 13-3212</p> <p>➤ YES__ NO__ Involving or using minors in drug offenses</p> | <p>2. ➤ YES__ NO__ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?</p> <p>4. ➤ YES__ NO__ Have you ever been arrested for any offense for which you were fingerprinted?</p> <p>5. ➤ (Answer every question.) <i>(continued)</i> Have you ever been arrested for any of the <u>following</u> offenses in this state or similar offenses in another jurisdiction?</p> <p>➤ YES__ NO__ Continuous sexual abuse of a child</p> <p>➤ YES__ NO__ Attempted first-degree murder</p> <p>➤ YES__ NO__ Any other dangerous crime against children as defined in section A.R.S. § 13-604.01</p> <p>➤ YES__ NO__ Any of the above listed offenses if committed as a reparatory offense as described in A.R.S. 13-1001</p> <p>➤ YES__ NO__ Any offense causing you to register as a sex offender</p> <p>➤ YES__ NO__ First-degree murder</p> <p>➤ YES__ NO__ Armed Robbery</p> <p>➤ YES__ NO__ Incest</p> <p>➤ YES__ NO__ Exploitation of minors involving drug offenses</p> <p>➤ YES__ NO__ Sexual abuse of a vulnerable adult</p> <p>➤ YES__ NO__ Sexual exploitation of a vulnerable adult</p> <p>➤ YES__ NO__ Commercial sexual exploitation of a vulnerable adult</p> <p>➤ YES__ NO__ Abuse of a vulnerable adult</p> <p>➤ YES__ NO__ Molestation of a vulnerable adult</p> <p>➤ YES__ NO__ Neglect of a vulnerable adult</p> |
|--|--|

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date